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DEC 0 9 2019 S. YOUNG

COVER LETTER

Division of Cor			
SUBJECT:	The Greek	food truck	LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alex	Menhs	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	The G	Firm/Company	rua LLC
		- 11	\
	11940	No Shith	St
	- L - A - A	Address	
	Plantat		73323
	, ,	City/State and Zip Code	
	Chefalex () E-mail address: ()	to be used for future annual report n	otification)
For further information c	concerning this matter, please ca	•	
. .	\\ \\	~2 1.	CCO 1,000
Alex	Menlis	at (<u>954</u>)	658-4201 time Telephone Number
Name	n reison	Area Code Dayi	ame reseptione Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	_	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Greek	- Food truck	LLC	
(Name of the Limited) (A	Liability Company as it now appears o Florida Limited Liability Company)	n our records.)	<u> </u>
The Articles of Organization for this Limited Liabi	ility Company were filed on <u>3</u> 86046	27/2019	All Assigned assigned B
This amendment is submitted to amend the following	-		AH 7:4 NIAIE NEGROO
A. If amending name, enter the new name of th	e limited liability company here	;	>° (Λ
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	gnation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		Florida	
-	City	, i iorida _	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

. If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
MGR	Alex Mentis	11940 NW	24th st	B Add
		Plantation	FL 3332	3 □ Remove
			· · · · · · · · · · · · · · · · · · ·	Change
				
				Remove
				Change
			· · · · · · -	
				🗆 Remove
				Change
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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _.	11/4/2019
	Signature of a member or authorized representative of a member
	Mex Ments Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00